



REGISTRATION FORM

Please Print Clearly

(Basic: General Tab)

Date: ____/____/____

SSN: ____ - ____ - ____

FIRST NAME: _____ MIDDLE INITIAL: ____ LAST NAME: _____

Date of Birth: ____/____/19____

GENDER: Male ☐ Female ☐

Ethnicity: ☐ Hispanic or Latino

☐ NOT Hispanic or Latino

Race: Asian ☐ Black/African American ☐ American Indian/American Native ☐
Native Hawaiian/Other Pacific Islander ☐ White ☐ Other _____

MAILING ADDRESS: (Street/PO Box) _____

ZIP _____ City _____ State _____

EMAIL ADDRESS _____ Phone _____

MESSAGE PHONE _____

CURRENTLY EMPLOYED YES ☐ NO ☐

LIMITED ENGLISH YES ☐ NO ☐

LEGALLY ENTITLED TO WORK IN THE UNITED STATES? YES ☐ NO ☐

Education:

Highest Grade Completed: _____

☐ High school graduate

☐ GED/high school equivalency

☐ # Years of college completed

☐ Associate degree

☐ Bachelors degree

☐ Masters Degree

☐ Doctorate/PhD

____ Seasonal farm worker? _____ MSFW

☐ Disabled?

Military Service: ☐ Yes ☐ No

Army ☐ Navy ☐ Marines ☐ Air Force ☐
Coast Guard ☐ National Guard ☐ Reserves ☐

If yes:

Date Entered ____/____/____ Date Released ____/____/____ Honorably Discharged ☐ Yes ☐ No

Vietnam ☐ Yes ☐ No

Recently Separated ☐ Yes ☐ No

Disability % ☐ %

Veteran Spouse ☐ Yes ☐ No

VALID WA STATE DRIVERS LICENSE YES ☐ NO ☐

If **yes** and use on the job. Please list license # _____ AND ENDORSEMENTS

Over

Employment History

1. Employer

Start Date / / **End Date** / / **Last Salary** /Hr/Mo

Job Title _____

City _____ State _____ Reason for leaving _____

Specific Duties, Tools Used, and Skills: _____

of People Supervised _____

2. Employer

Start Date / / **End Date** / / **Last Salary** /Hr/Mo

Job Title _____

City _____ State _____ Reason for leaving _____

Specific Duties, Tools Used and Skills: _____

of People Supervised _____

3. Employer

Start Date / / **End Date** / / **Last Salary** /Hr/Mo

Job Title _____

City _____ State _____ Reason for leaving _____

Specific Duties, Tools used, and Skills: _____

of People Supervised _____

(Desired Employment Tab)

WILLING TO RELOCATE Yes ☐ No ☐

Desired Employment: (For Job Match)

Job Title _____ **Mo. Experience** _____ **Last year worked** _____

Job Title _____ **Mo. Experience** _____ **Last year worked** _____

Job Title _____ **Mo. Experience** _____ **Last year worked** _____

Job Title _____ **Mo. Experience** _____ **Last year worked** _____

Desired Work Location:

County Name _____

County Name: _____

Statewide _____ **Anywhere** _____